



## PROVIDER BULLETIN

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# **DENTAL PROGRAM**

Applies to: MO HealthNet Fee-For-Service Dental Providers

Effective Date: July 1, 2022

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#### **ADDITION OF CDT CODE D4346**

Effective for dates of service on or after July 1, 2022, the MO HealthNet Division (MHD) feefor-service dental program will allow reimbursement for Current Dental Terminology (CDT) code D4346 (scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation). D4346 is indicated for participants who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing.

The following limitations and restrictions apply:

- Limited to participants 20 years of age and younger, and participants in a category of assistance for blind, pregnant, and skilled nursing facility.
- Limited to reimbursement one (1) time per two (2) year period.
- Perio charting, radiographs, and intra-oral photos must be submitted with the operative report.
- Cannot be billed in conjunction with prophylaxis (D1110 and D1120), scaling and root planing (D4341 and D4342), and full mouth debridement (D4355).
- Cannot be billed within six (6) months from the date of service for prophylaxis (D1110 and D1120), scaling and root planing (D4341 and D4342), and full mouth debridement (D4355).

### **REIMBURSEMENT OF CDT CODE D4346**

The reimbursement rate is \$156.00.

# **APPLICABILITY**

The information in this bulletin applies to the MHD fee-for-service program and may apply to the MHD managed care program, as well. MHD's fee-for-service policies set the basic coverage policies for benefits and limitations in the managed care program. The managed care health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization, and details required for claims submission. Certain services, such as pharmacy, are "carved out" of managed care and will be paid through the fee-for-service program. To ensure your understanding of this bulletin's applicability to each managed care health plan, please contact your health plan directly, or contact MHD.MCCommunications@dss.mo.gov.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) website at <a href="http://dss.mo.gov/mhd/providers/pages/bulletins.htm">http://dss.mo.gov/mhd/providers/pages/bulletins.htm</a>. Bulletins will remain on the Provider Bulletins page only until incorporated into the <a href="provider manuals">provider manuals</a> as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD website at <a href="http://dss.mo.gov/mhd/">http://dss.mo.gov/mhd/</a> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline 573-751-2896